

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213543045					
<div style="display: flex; justify-content: space-between;"> <div> 1.) CORPORATION NAME: Global Parks </div> <div> DUE DATE: 8/31/2013 </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: TODD KOENINGS 3803 SULGRAVE DR ALEXANDRIA, VA </div> <div> SCC ID NO: 06987754 </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY </div> <div> 5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
4.) STATE OR COUNTRY OF INCORPORATION: VA							
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 3803 SULGRAVE DR CITY/ST/ZIP: ALEXANDRIA, VA 22309 </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TODD KOENINGS TITLE: DIRECTOR ADDRESS: 3803 SULGRAVE DR CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: TODD KOENINGS TITLE: DIRECTOR ADDRESS: 3803 SULGRAVE DR CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TODD KOENINGS TITLE: DIRECTOR ADDRESS: 3803 SULGRAVE DR CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BARBARA BOESE TITLE: TREASURER ADDRESS: 31104 MILLS CHASE DR. CITY/ST/ZIP/CO: LEWES, DE 19958 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: BARBARA BOESE TITLE: TREASURER ADDRESS: 31104 MILLS CHASE DR. CITY/ST/ZIP/CO: LEWES, DE 19958	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: BARBARA BOESE TITLE: TREASURER ADDRESS: 31104 MILLS CHASE DR. CITY/ST/ZIP/CO: LEWES, DE 19958	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: HOLLY BUNDOCK TITLE: DIRECTOR ADDRESS: 24014 OAKMONT WAY CITY/ST/ZIP/CO: AUBURN, CA 95692 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: HOLLY BUNDOCK TITLE: DIRECTOR ADDRESS: 24014 OAKMONT WAY CITY/ST/ZIP/CO: AUBURN, CA 95692	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: HOLLY BUNDOCK TITLE: DIRECTOR ADDRESS: 24014 OAKMONT WAY CITY/ST/ZIP/CO: AUBURN, CA 95692	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOEL HOLTROP TITLE: DIRECTOR ADDRESS: 18700 WOODWAY DRIVE CITY/ST/ZIP/CO: DERWOOD, MD 20855 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JOEL HOLTROP TITLE: DIRECTOR ADDRESS: 18700 WOODWAY DRIVE CITY/ST/ZIP/CO: DERWOOD, MD 20855	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JOEL HOLTROP TITLE: DIRECTOR ADDRESS: 18700 WOODWAY DRIVE CITY/ST/ZIP/CO: DERWOOD, MD 20855	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DESTRY JARVIS TITLE: DIRECTOR ADDRESS: 16412 HAMPTON ROAD CITY/ST/ZIP/CO: HAMILTON, VA 20158 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DESTRY JARVIS TITLE: DIRECTOR ADDRESS: 16412 HAMPTON ROAD CITY/ST/ZIP/CO: HAMILTON, VA 20158	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DESTRY JARVIS TITLE: DIRECTOR ADDRESS: 16412 HAMPTON ROAD CITY/ST/ZIP/CO: HAMILTON, VA 20158	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARC KOENINGS TITLE: DIRECTOR ADDRESS: 55 MOUNTAINVIEW RDG CITY/ST/ZIP/CO: FAIRVIEW, NC 28730 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MARC KOENINGS TITLE: DIRECTOR ADDRESS: 55 MOUNTAINVIEW RDG CITY/ST/ZIP/CO: FAIRVIEW, NC 28730	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MARC KOENINGS TITLE: DIRECTOR ADDRESS: 55 MOUNTAINVIEW RDG CITY/ST/ZIP/CO: FAIRVIEW, NC 28730	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB MCINTOSH DIRECTOR 29 ATLANTIC AVENUE BEVERLY, MA 01915	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUG MORRIS CHAIRMAN 5 MCVEY RD VICTOR, MT 59875	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TEIKO SAITO DIRECTOR 1121 QUAKER HILL COURT ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL SOUKUP DIRECTOR PO BOX 267 WINTER HARBOR, ME 04693	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEL TURNER DIRECTOR 450 FAIRWAY DRIVE VANCOUVER BC, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRETT WRIGHT DIRECTOR PO BOX 340735 CLEMSON, SC 29634	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TODD KOENINGS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TODD KOENINGS, DIRECTOR PRINTED NAME AND CORPORATE TITLE	9/15/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			